



Planning & Development

Development Services
Customer Service Center
One Exchange Plaza
1 Exchange Plaza, Suite 400
Raleigh, North Carolina 27601
Phone 919-996-2495

Financial Responsibility Ownership (Sedimentation Pollution Control Act)

<i>This section to be completed by City of Raleigh staff</i>			
Submittal Date		Effective Date	
Transaction Number		Permit Number LD-	

The remaining sections to be completed by the Applicant

SECTION 1: GENERAL INFORMATION & INSTRUCTIONS

This form is required to be completed, notarized and submitted with all Land Disturbing Permit applications. The information provided herein becomes an enforceable part of the approved Erosion and Sediment Control Plan and the Land Disturbing Permit listed above. Should any of the information on this form change, a revised, executed form shall be submitted within thirty (30) days.

The effective date of this form shall be the effective date as designated above by the City of Raleigh. All rights and liabilities associated with designation as Owner, Applicant/Permittee or Financially Responsible Party shall not incur until the effective date of transfer to any subsequent Party.

Raleigh City Code §14-1011 sets forth that it shall be unlawful and a violation of this code for any person to give false information or misrepresentations in any application or permit required by this code. Failure to provide full disclosure of the requested information may be grounds for denial or revocation of a Land Disturbing Permit.

Please complete all sections below. Type or print and, if information on the form is not applicable, place N/A in the blank. All pages of this form must be completed and submitted or the form will be rejected and returned. The property owner must initial each page of the form prior to submittal.

SECTION 2: PROJECT INFORMATION

PROJECT NAME _____

PERMITTED PHASE(S) _____

PROJECT ADDRESS _____

WAKE COUNTY
PARCEL ID NUMBER(S) _____

ANTICIPATED DATE OF
PROJECT INITIATION _____

EXPECTED DURATION
OF PROJECT _____

ACREAGE OF LAND TO
BE DISTURBED _____

PROPERTY OWNER'S INITIALS: _____

SECTION 3: PROPERTY OWNER INFORMATION

Identify the landowner(s) of record. Use additional sheets if necessary. If the owner does not reside within Wake County, North Carolina, then Section 4 of this form must be completed to designate an owner's agent within Wake County, North Carolina for service of compliance and enforcement action(s).

PROPERTY OWNER OF RECORD

MAILING ADDRESS (NO P.O. BOX)	TELEPHONE NUMBER	FAX NUMBER
CITY, STATE, ZIP	E-MAIL ADDRESS	

The undersigned acknowledges that he/she is the owner, or holds the owner's power of attorney, of the property which is the subject of this application, and further states that the permitted land-disturbing activities are authorized to be conducted on the subject property with the full knowledge, permission and consent of the owner(s).

He/she acknowledges that upon the transfer of ownership or power of attorney, a new Financial Responsibility/Ownership Form must be submitted for approval to the Stormwater Utility Division within thirty (30) days of said change. Said submission shall include a copy of any documents recorded with the Register of Deeds acknowledging said transfer. He/she further acknowledges that non-compliance may result in the assessment of civil penalties and could potentially affect all permits, inspections and/or Certificates of Occupancy for this project.

The owner of the subject property hereby authorizes the person(s) and/or firm(s) listed in Sections 5 and 6 of this form as the Applicant/Permittee and Financially Responsible Party subject to service of any notice, process, civil assessment or pleading in any action or legal proceeding arising out of any matter relating to the Land Disturbing Permit(s) issued under this permit application and Raleigh City Code, Chapter 5, Part 10. The owner further acknowledges the potential for compliance and enforcement action(s) against that party, which could affect all permits, inspections and/or Certificates of Occupancy for this project in the event of non-compliance.

The owner of the property upon which the land-disturbing activity is to be undertaken states and affirms that he/she has read and understands the statements and disclosures made in this form, that the information disclosed herein is true and correct to the best of his/her knowledge and belief, and that all information disclosed herein was provided by the undersigned while under oath.

This form must be signed by the owner of the property if an individual, or by the state Registered Agent or other person with authority to execute instruments for the owner, if not an individual.

This, the _____ day of _____, 20____.

PROPERTY OWNER SIGNATURE	TITLE
--------------------------	-------

IN WITNESS WHEREOF, the undersigned Notary Public has hereunto set his/her hand and seal, this _____ day of _____, 20____.

(SEAL)

Notary Public (<i>print name</i>)	Notary Public Signature
My Commission Expires: _____	Notary Public Title / Position

PROPERTY OWNER'S INITIALS: _____

SECTION 4: OWNER'S APPOINTED AGENT INFORMATION

The owner of the property upon which land-disturbing activities will be undertaken is required to either reside in or appoint an agent for service with business and residence addresses within Wake County, North Carolina. **Section 4 must be completed if the Property Owner listed in Section 3 does not reside in Wake County, North Carolina and is optional for all others.**

The owner of the subject property hereby appoints the following person(s) as an agent(s) to receive service of any notice, process, or pleading in any action or legal proceeding arising out of any matter relating to Raleigh City Code, Chapter 5, Part 10. It is agreed that any notice, process, or pleading against the owner of the property upon which land-disturbing activities will be undertaken may be served by and through the undersigned and such service shall have the same force and effect as if service was accomplished upon the owner.

NAME	TITLE
COMPANY, IF APPLICABLE	TELEPHONE NUMBER
STREET ADDRESS (NO P.O. BOX)	FAX NUMBER
CITY, STATE, ZIP	E-MAIL ADDRESS

The undersigned acknowledges that he/she is the owner's appointed agent.

This, the _____ day of _____, 20_____.

APPOINTED AGENT SIGNATURE	TITLE
---------------------------	-------

IN WITNESS WHEREOF, the undersigned Notary Public has hereunto set his/her hand and seal, this _____ day of _____, 20_____.

(SEAL)

Notary Public (<i>print name</i>)	Notary Public Signature
My Commission Expires: _____	Notary Public Title / Position

PROPERTY OWNER'S INITIALS: _____

SECTION 5: FINANCIALLY RESPONSIBLE PARTY INFORMATION

The owner of the subject property authorizes the following person(s) or firm(s) as the Financially Responsible Party subject to service of any notice, process, civil assessment or pleading in any action or legal proceeding arising out of any matter relating to the Land Disturbing Permit(s) issued under this permit application and Raleigh City Code, Chapter 5, Part 10. The Financially Responsible Party designated below is the person conducting land disturbing activity and the person responsible for violation(s) under Section 10-5003 of the Raleigh Municipal Code.

The Financially Responsible Party may be the landowner or another party who acknowledges that he/she is the Financially Responsible Party. Financial responsibility for a permit may not be transferred to a residential Home Owner's Association as the Applicant / Permittee or Financially Responsible Party until such time as the issued Land Disturbing Permit for this project is administratively closed by the Stormwater Utility Division.

FINANCIALLY RESPONSIBLE PARTY	TITLE
COMPANY, IF APPLICABLE	TELEPHONE NUMBER
STREET ADDRESS (NO P.O. BOX)	FAX NUMBER
CITY, STATE, ZIP	E-MAIL ADDRESS

The undersigned acknowledges that he/she is the Financially Responsible Party for permit implementation, compliance and enforcement resulting under the Land Disturbing Permit listed above and/or under Raleigh City Code, Chapter 5, Part 10 for the subject project. He/she acknowledges that upon the change of any information provided herein, a new form must be submitted for approval to the Stormwater Utility Division within thirty (30) days of said change. He/she further acknowledges that non-compliance may result in the assessment of civil penalties and could potentially affect all permits, inspections and/or Certificates of Occupancy for this project. He/she further states and affirms that he/she has read and understands the statements and disclosures made in this form, that the information disclosed herein is true and correct to the best of his/her knowledge and belief, and that all information disclosed herein was provided by the undersigned while under oath.

This form must be signed by the person(s) or firm(s) financially responsible for the land developing activity if an individual, or by the state Registered Agent or other person with authority to execute instruments for the owner, if not an individual.

This, the _____ day of _____, 20_____.

FINANCIALLY RESPONSIBLE PARTY SIGNATURE	TITLE
---	-------

IN WITNESS WHEREOF, the undersigned Notary Public has hereunto set his/her hand and seal, this _____ day of _____, 20_____.

(SEAL)

Notary Public (*print name*)

Notary Public Signature

My Commission Expires: _____

Notary Public Title / Position

PROPERTY OWNER'S INITIALS: _____

SECTION 6: APPLICANT / PERMITTEE

The owner of the subject property authorizes the following person(s) or firm(s) as the Applicant/Permittee subject to service of any notice, process, civil assessment or pleading in any action or legal proceeding arising out of any matter relating to the Land Disturbing Permit(s) issued under this permit application and Raleigh City Code, Chapter 5, Part 10. The Applicant/Permittee designated below is the person responsible for implementation of permit conditions and violation(s) under Section 10-5003 of the Raleigh Municipal Code.

The Applicant/Permittee may be the landowner or another party who acknowledges that he/she is the Applicant/Permittee responsible for completion of the project as approved. A permit may not be transferred to a residential Home Owner's Association as the Applicant/Permittee or Financially Responsible Party, until such time as the issued Land Disturbing Permit for this project is administratively closed by the Stormwater Utility Division.

APPLICANT/PERMITTEE	TITLE
COMPANY, IF APPLICABLE	TELEPHONE NUMBER
STREET ADDRESS (NO P.O. BOX)	FAX NUMBER
CITY, STATE, ZIP	E-MAIL ADDRESS

The undersigned acknowledges that he/she is the Applicant/Permittee for permit implementation, compliance and enforcement resulting under the Land Disturbing Permit listed above and/or under Raleigh City Code, Chapter 5, Part 10 for the subject project. He/she acknowledges that upon the change of any information provided herein, a new form must be submitted for approval to the Stormwater Utility Division within thirty (30) days of said change. He/she further acknowledges that non-compliance may result in the assessment of civil penalties and could potentially affect permits, inspections, plan approvals and/or Certificates of Occupancy for this project, as well as for future projects per City Code 10-6035(i). He/she further states and affirms that he/she has read and understands the statements and disclosures made in this form, that the information disclosed herein is true and correct to the best of his/her knowledge and belief, and that all information disclosed herein was provided by the undersigned while under oath.

This form must be signed by the person(s) or firm(s) responsible for the permit if an individual, or by the state Registered Agent or other person with authority to execute instruments for the Applicant/Permittee, if not an individual.

This, the _____ day of _____, 20____.

APPLICANT/PERMITTEE SIGNATURE	TITLE
-------------------------------	-------

IN WITNESS WHEREOF, the undersigned Notary Public has hereunto set his/her hand and seal, this _____ day of _____, 20____.

(SEAL)

Notary Public (<i>print name</i>)	Notary Public Signature
My Commission Expires: _____	Notary Public Title / Position

PROPERTY OWNER'S INITIALS: _____